

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000112

1. Entity Name

INTERNATIONAL POLICE ASSOCIATION, U.S. SECTION.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90195 046 ****61.25

Principal Place of Business 3403 N.W. 37TH ST. FT. LAUDERDALE FL 33309	Mailing Address 3403 N.W. 37TH ST. FT. LAUDERDALE FL 33309-5456
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7353558	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WATSON, EDWARD
3403 N.W. 37TH ST.
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GARCIA, CARLOS
STREET ADDRESS	8450 SUNRISE LAKES BLVD #112
CITY-ST-ZIP	SUNRISE FL
TITLE	T <input type="checkbox"/> Delete
NAME	WATSON, EDWARD
STREET ADDRESS	3403 N.W. 37TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	T <input type="checkbox"/> Delete
NAME	CARNEY, ROBERT
STREET ADDRESS	341 S.E. 13TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Carney* **ROBERT CARNEY** 1-12-00 954-94-0477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)